

USCF SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NY	70591	11/30
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	DW	72346	12-14-97

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	0
6	0
7	0
8	✓
9	0
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
22	0
23	✓
24	✓
25	✓
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27	0
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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